



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

## Connecticut Nurse Aide Employment Verification Form

This form is to be used for verifying nurse aide or nursing-related employment in Connecticut for the purpose of maintaining current status on the Connecticut Nurse Aide Registry. Should you have any questions with the completion of this form, please call the Nurse Aide Registry staff at (860) 509-7603 \* option #1.

### To Be Completed By Nurse Aide:

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Connecticut Nurse Aide Registration Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you certified in any other states as a nurse aide? \_\_\_\_\_ If you answered "Yes", please identify the other states in which you are certified.: \_\_\_\_\_

### To Be Completed By Employer:

The Person identified above is/has been employed as a Certified Nurse Aide by the following facility or Agency: *(Please Print)*

Facility/Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employer Code *(If Applicable)*: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Last Reported Date of Employment: \_\_\_\_\_  
*(If currently employed, use today's date.)*

Termination Date: \_\_\_\_\_  
*(If Applicable)*

Employer Representative *(Please Print)*

Telephone Number

Signature of Employer Representative

Date

**Please note: this form must be completed in its entirety and mailed or faxed directly from the employer to:**

**CT Nurse Aide Registry Program  
Department of Public Health  
410 Capitol Avenue, MS#12MQA  
P.O. Box 340308  
Hartford, CT 06134-0308  
Facsimile: (860) 707-1983**